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State/Territory Name: Montana

State Plan Amendment (SPA) #: 20-0006

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
Financial Management Group

June 23, 2020

Marie Matthews, Medicaid & CHIP Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

RE: TN 20-0006

Dear Ms. Matthews:

We have reviewed the proposed Montana State Plan Amendment (SPA) to Attachment 4.19-B 20-0006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 30, 2020. This plan amendment updates fee schedule reimbursement as of March 1, 2020 for targeted case management services: (1) Youth with Serious Emotional Disturbance (SED), (2) Youth with SED in an Out-of-State PRTF, (3) Adults with Severe Disabling Mental Illness, (4) Substance Use Disorders (SUD) – Youth and (5) SUD - Adult.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Tom Couch at 208-861-9838 or Thomas.Couch@cms.hhs.gov.

Sincerely,

[Redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

Cc: Mary Eve Kulawik
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):
- [ ] NEW STATE PLAN
- [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN
- [ ] AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
- 42 CFR 440
- 42 CFR 447.203
- 1902(a)(30)/(A) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
- 19D Targeted Case Management (TCM) Services for Youth with Serious Emotional Disturbance (SED)
- 19i TCM Services for Youth with SED in an Out of State PRTF
  - FFY 20 (7 months) $723,759
  - FFY 21 (12 months) $2,406,013
  - FFY 22 (5 months) $1,785,310
- 19b TCM Services for Adults with Severe Disabling Mental Illness
- 19G TCM Services for Substance Use Disorders (SUD) – Youth
- 19H TCM Services for SUD – Adult
  - FFY 20 (7 months) $0.00
  - FFY 21 (12 months) $0.00
  - FFY 22 (5 months) $0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

The Attachment 4.19B Introduction Page is being amended to update the fee schedule effective date March 1, 2020 for TCM Services for Youth with SED and TCM Services for Youth with SED in an Out of State PRTF. The Introduction Page also updates the fee schedule dates for the following TCM services because they share a fee schedule with the two State Plans for Youth with SED: TCM Services for Adults with Severe Disabling Mental Illness, TCM Services for SUD – Youth, and TCM Services for SUD – Adult.

11. GOVERNOR’S REVIEW (Check One):
- [ ] GOVERNOR’S OFFICE REPORTED NO COMMENT
- [ ] COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
- [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- [ ] OTHER, AS SPECIFIED:
  - Single Agency Director Review

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Marie Matthews

14. TITLE: State Medicaid Director

15. DATE SUBMITTED: 3-30-2020

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: 6/23/2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Todd McMillion

22. TITLE: Director, Division of Reimbursement Review

23. REMARKS:

FORM HCFA-179 (07-92)
State Plan under Title XIX of the Social Security Act  
State/Territory: Montana

Dates for Establishing Payment Rates for the following Attachment 4.19B Services:

Effective Dates for Reimbursement Rates for Specified Services:

Reimbursement rates for the services listed on this introduction page state plan amendment are effective for services provided on or after that date with two exceptions:

1) Medicaid reimbursement using Medicare rates are updated and effective on the 1st of each quarter based on the Medicare quarterly adjustment.

2) Medicaid reimbursement using Medicare codes are updated and effective on the 1st of each quarter based on the methodology specified in the Attachment 4.19B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19B, Methods and Standards for Establishing Payment Rates, as referenced. Reimbursement rates/fee schedules are published on the Department’s website at http://medicaidprovider.mt.gov. Unless otherwise noted in the referenced state plan, reimbursement rates are the same for both governmental and private providers.

<table>
<thead>
<tr>
<th>Service</th>
<th>Attachment</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Other Laboratory &amp; X-Ray Services</td>
<td>Attachment 4.19B, Page 1</td>
<td>January 1, 2020</td>
</tr>
<tr>
<td>5a Physicians’ Services</td>
<td>Attachment 4.19B, Pages 1 and 2</td>
<td>January 1, 2020</td>
</tr>
<tr>
<td>6b Optometrists’ Services</td>
<td>Attachment 4.19B, Pages 1 and 2</td>
<td>January 1, 2020</td>
</tr>
<tr>
<td>6c Chiropractic Services</td>
<td>Attachment 4.19B, Pages 1 and 2</td>
<td>July 1, 2019</td>
</tr>
<tr>
<td>6d Licensed Clinical Social Workers’ Services</td>
<td>Attachment 4.19B, Pages 1 and 2</td>
<td>July 1, 2019</td>
</tr>
<tr>
<td>6d Licensed Professional Counselors’ Services</td>
<td>Attachment 4.19B, Pages 1 and 2</td>
<td>July 1, 2019</td>
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<tr>
<td>6d Licensed Psychologists’ Services</td>
<td>Attachment 4.19B, Pages 1 and 2</td>
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</tr>
<tr>
<td>6d Denturist Services</td>
<td>Attachment 4.19B, Pages 1 and 2</td>
<td>January 1, 2020</td>
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<tr>
<td>6d Dental Hygienist Services</td>
<td>Attachment 4.19B, Pages 1 and 2</td>
<td>January 1, 2020</td>
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### Dates for Establishing Payment Rates for the following Attachment 4.19B Services: (Continued)

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<th>Service</th>
<th>Attachment</th>
<th>Effective Date</th>
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<td>6e Nutritionists’ Services</td>
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<td>July 1, 2019</td>
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<tr>
<td>7a and 7b Home Health Services</td>
<td>Attachment 4.19B, Page 1</td>
<td>July 1, 2019</td>
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<tr>
<td>7c Durable Medical Equipment and Supplies</td>
<td>Attachment 4.19B, Pages 1 and 2</td>
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<tr>
<td>7d Home Health Services</td>
<td>Attachment 4.19B, Page 1</td>
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<td>8 Private Duty Nursing Services</td>
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<td>10 Dental Services</td>
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<tr>
<td>11a Physical Therapy Services</td>
<td>Attachment 4.19B, Pages 1 and 2</td>
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<td>11b Occupational Therapy Services</td>
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<td>11c Speech Therapy &amp; Audiology Services</td>
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<td>12c Prosthetic Devices</td>
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<td>12e Hearing Aids</td>
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<td>19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women</td>
<td>Attachment 4.19B, Page 1</td>
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<tr>
<td>19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)</td>
<td>Attachment 4.19B, Page 1</td>
<td>March 1, 2020</td>
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TN: 20-0006
Supersedes: 20-0003
Approved: 6/23/2020
Effective: 03/01/2020
### Dates for Establishing Payment Rates for the following Attachment 4.19B Services: (Continued)

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<td>19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)</td>
<td>Attachment 4.19B, Page 1</td>
<td>March 1, 2020</td>
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<tr>
<td>19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs</td>
<td>Attachment 4.19B, Page 1</td>
<td>July 1, 2019</td>
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<tr>
<td>19G Targeted Case Management Services for Substance Use Disorders – Youth</td>
<td>Attachment 4.19B, Page 1</td>
<td>March 1, 2020</td>
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<tr>
<td>19H Targeted Case Management Services for Substance Use Disorders – Adult</td>
<td>Attachment 4.19B, Page 1</td>
<td>March 1, 2020</td>
</tr>
<tr>
<td>19i Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) in an Out Of State (OOS) Psychiatric Residential Treatment Facility (PRTF)</td>
<td>Attachment 4.19B, Page 1</td>
<td>March 1, 2020</td>
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<tr>
<td>24a Transportation Services</td>
<td>Attachment 4.19B, Page 1</td>
<td>January 1, 2020</td>
</tr>
<tr>
<td>25 Personal Care Services</td>
<td>Attachment 4.19B, Pages 1-3</td>
<td>July 1, 2019</td>
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<tr>
<td>28 Free Standing Birthing Centers: Licensed Direct Entry Midwives</td>
<td>Attachment 4.19B, Page 1</td>
<td>January 1, 2020</td>
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<tr>
<td>1915K Community First Choice Services</td>
<td>Attachment 4.19B, Pages 1-3</td>
<td>July 1, 2019</td>
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